Application Number(s)

PTO/SB/01 (12-97)

JAB 1512-PCT-USA

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
re required to respond to a collection of information unless it contains Under the Paperwork Reduction Act of 1995, no persor a valid OMB control number.

Attorney Docket Number

ECLARATION FO		First Named Inventor Stefan L. J. Masure							
DESIGNATION DESIGN	-	сом	PLETE IF K	NOWN					
(37 CFR		Application Number	er						
(5. 5	,	Filing Date							
Declaration OR	Declaration Submitted after Initial	Group Art Unit							
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name							
I believe I am the original, fir names are listed below) of the NEURO the specification of which is attached hereto OR was filed on (MM/DD Application Number PCT/I hereby state that I have revarended by any amendment I acknowledge the duty to displace to the original of the specification of the specifi	viewed and understand the or nt specifically referred to abou isclose information which is m	one name is listed below) on aimed and for which a pate ECEPTOR as United as amended on (MM/DD/YY) contents of the above identifive.	r an original, fin nt is sought on States Applicat YY) ited specification	tion Number or P n, including the c ∓R 1.56.	CT International (if applicable). laims, as				
I hereby claim foreign priorit certificate, or 365(a) of any America, listed below and ha or of any PCT international a	y benefits under 35 U.S.C. PCT international application ve also identified below, by c pplication having a filing date	the barrier formic	en application fo	or patent or inventionity is claimed.	nors certificate,				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		py Attached? NO				
9915200.1	GB	06/29/1999	0000	0000	000				
Additional foreign applica	ation numbers are listed on a	supplemental priority data	sheet PTO/SB	/02B attached he	reto:				

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY)

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

us sign (+) inside this box + + Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

		<u> ATION –</u>										
Inited States of Inited States or	PCT Inter	nder 35 U.S.C. 120 of listed below and, instantional application in all to patentability as ernational filing date of the second	the man	ner provid					112, I a en the fil	cknowled ling date	of the prior a	pplication
U.S	. Parent	Application or	PCT P	arent		Pare	ent Fili: IM/DD/	ng Date	l		Patent Nu	
		Number				(141	INITODI					
					1							
Additional U	J.S. or PC1	Γ international applica	ation num	bers are l	isted on	a supp	temental	priority data s	heet PT	O/SB/02	B attached her	eto. the Patent
s a named inve	ntor. I here	eby appoint the follow ected therewith:	ring regist	ered prac er Numbe	titioner(s) to pro	osecute ti	nis application	and to	- Tansau	Place Custon Number Bar C	ner ode
		X	Registe			name/r	registratio	n number list	ed belov	<u> </u>	Regist	ration
	Name			Registra Numb				Name			Num	ber
Michael Sta				,495 >				McCorma C. Coletti			36.602 34.140	6
Steven P. E Andrea L. C			_	, 772 ,1 <u>94</u>				A. Appoll			34,087	
	-		-			l					<u> </u>	
Additional r	egistered p	oractitioner(s) named	on suppl	emental R	tegistere	d Pract	itioner In					
Direct all corre	esponden	ice to: Custo or Ba	mer Nur r Code L					OR	X Co	respor	ndence addre	ess below
Name	Philip	S. Johnson										
Address	Johns	on & Johnson										
Address	One .	Johnson & Joh	nson P	laza						Γ		
City	New	Brunswick,				s	State NJ			ZIP 08933-7003		
Country	USA		Te	elephone			24-235		Fax		2) 524-280	
i hereby decla believed to be	true; and	statements made he further that these s prisonment, or both, issued thereon.	erein of m tatements under 18	ny own kr s were ma e U.S.C.	nowledge ade with 1001 ar	nd that	such will	ful false state	ements i	may jeop	pardize the va	lidity of the
Name of S	ole or F	irst Inventor:					A petitio	n has beer	filed fo	or this u	nsigned inve	ntor
G	iven Nam	ne (first and middle	(if any)			_			iy Name	e or Sur	name	
	Stefa	ın L. J.					Ması	ure				
Inventor's Signature											Date	
Residence:	City	Beerse		State			Country	Belgiu	m		Citizenship	Belgiun
Post Office		c/o Janssen f	harma	aceutic	a N.V	., Tur	nhouts	eweg 30	B-23	40 Be	erse, Belg	ium D
Post Office												
		Brasschaat St.			Τ,	ZIP I	2930		Co	untry	Belgium	
City		rs are being name			_			1		a) DTO	SB/02A atta	ched here



Please type	_	nhis	siar	. (+)	inside	this	box	\rightarrow	+	ı
Please type	a	pius	agr	, ני) ו	1113100	11110	000	,		J

Filing

required)

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persor - re required to respond to a collection of information unless it contains a valid OMB control number.

a valid OMB con			Attorney Docket Number	JAB 1512-PCT-USA
DECLARATION FOR UTILITY OR		First Named Inventor	Stefan L. J. Masure	
DATE		SIGN		E IF KNOWN
PATENT APPLICATION (37 CFR 1.63)		Application Number	/	
(37 CFR 1.00)	•	Filing Date		
☑ Declaration Submitted	OR	☐ Declaration Submitted after Initial	Group Art Unit	
with Initial		Filing (surcharge (37 CFR 1.16 (e))	Examiner Name	

tor (if plural litled: CT International (if applicable). laims, as
CT International
CT International
(if applicable).
(if applicable).
laims, as
nt or inventor's inited States of tor's certificate,
py Attached? NO
reto:
reto:
al application on a y data sheet ed hereto.
a Diy

[Page 1 of 3]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTU/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

		<u> ATION —</u>								
Inited States or	PC mieni	nder 35 U.S.C. 120 of isted below and, inso ational application in t al to patentability as c emational filing date of	lefined in 37 CFR	1.56 which	h became a	vailable betwe	en the fil	ing date	Of the phot of	Spirocition
		Application or I		F	Parent Fi	ling Date		Parent <i>(if</i>	Patent Nu applicable	mber :)
		Number			(MM/DD	<u> </u>			СР	
					·	I priority data s	sheet PT	O/SB/02	B attached her	eto.
Additional (J.S. or PCT	international applicately appoint the following	tion numbers are us	itioner(s) t	o prosecute	this application	n and to	transact	all business in	the Paten
s a named inve and Trademark (entor, I here Office conn	ected therewith:	Customer Number	`L				1	Place Custon Number Bar C Label here	ode
			Registered practiti		me/registra			<u> </u>	Regist	
	Name		Registrat Numbe			Nam			36,602	ber
Michael Sta	ark		32,495		Myra	a McCorma	аск		34,140	
Steven P. E			24,772			y A. Appol			34,087	
Andrea L. (Colby		30,194		Iwiai	y 71. 71.ppo.				
	istored s	oractitioner(s) named	on supplemental Re	egistered I	Practitioner	Information she	et PTO/	SB/02C	attached heret	0.
Direct all corre		ce to: 🔲 Custor	ner Number Code Label			OR	X Co	леѕрог	ndence addre	ess belov
Name	Philip	S. Johnson								
Address	Johns	on & Johnson								
Address	One	Johnson & Johr	son Plaza				1			
City	New	Brunswick			State	NJ	ZIP		33-7003	
0	USA		Telephone	(732	2) 524-23	359	Fax		2) 524-280	
I hereby declar	fine or im	statements made he further that these sta prisonment, or both, issued thereon.	rein of my own kn atements were ma under 18 U.S.C. 1	owledge a de with th 1001 and	are true and ne knowledg that such w	that all stater e that willful fa rillful false stat	ments malse state ements	ade on i ements may jeo	information and and the like so pardize the va	d belief at made at lidity of th
		irst Inventor:			☐ A peti	tion has beer	n filed fo	or this u	nsigned inve	ntor
	Siven Nam	ne (first and middle	[if any])			Fam	ily Namı	e or Su	mame	
		ın L. J.				sure				Index.I
Inventor's Signature			Henre						Date	10 24 0
Residence:	City	Beerse	State		Count			<u> </u>	Citizenship	
Post Office	Address	c/o Janssen F	harmaceutica	a N.V.,	Turnhou	tseweg 30	, B-23	40 Be	erse, Belg	ium
Post Office	Address								1	
City		Brasschaat Sta		ZIP				untry	Belgium	
X Addition	al invento	ors are being name	d on the 1su	pplement	al Addition	al Inventor(s) sheet(s) PTO	/SB/02A atta	ched he

Please type a plus sign (+) inside this box ->	+
--	---

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Addition	al Joint Inventor, if any	:			A petiti	on	has been file	d for this	unsigned	inventor
Given Nan	ne (first and middle [if any])						Family Nar	ne or Su	ımame	
Mirosla	v				(Cik				
inventor's Signature	Ja. C	1	1			-			Date	10/24
Residence: City	Beerse	State			Country	_	Belgium		Citizenship	Croatian
Post Office Address	c/o Janssen Pharma	ceutica	a N.V.,	Tui	rnhout	se	weg 30, B-	2340 B	eerse, B	elgium
Post Office Address		,							т	
City	Boechout	State			ZIP		2530	Country	Bel	gium
Name of Addition	nal Joint Inventor, if any	<i>/</i> :			A petit	tion	has been file	ed for this	s unsigned	inventor
Given Na	me (first and middle [if any])			Family Name or Sumame						
Evert \	w.					İ	Hoefnagel			
Inventor's Signature						,			Date	
Residence: City	Beerse	State			Countr	y	Belgium		Citizensh	nip Dutch
Post Office Address	c/o Janssen Pharm	aceutic	ca N.V	'., Tı	urnhou	ıts	eweg 30, B	3-2340	Beerse,	Belgium
Post Office Address										
City	Dordrecht	State			ZIF		3328	Coun	try The	Netherlands
Name of Additio	nal Joint Inventor, if an	y:			A pet	itior	n has been fil	ed for th	is unsigned	d inventor
Given Na	ame (first and middle [if any])					Family Na	ame or S	Sumame	
Inventor's Signature									Date	
Residence: City		State			Count	ту			Citizens	hip
Post Office Address										
Post Office Address			. 							
City		State			Z	ΙP		0	country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Addition	al Joint Inventor, if an	y:			petitio	n has been f	iled for t	his unsig	ned inv	entor
Given Name (first and middle [if any]) Family Name or Sumame										
Mirosla	ν.				Ci	k				
Inventor's Signature								Date	е	
Residence: City	Beerse	State		c	ountry	Belgium	l	Citizen	ship (Croatian
Post Office Address	c/o Janssen Pharma	aceutica	N.V.,	Turnl	houtse	eweg 30, E	3-2340	Beerse	e, Belg	gium B
Post Office Address									····	
City	Boechout	State			ZIP	2530	Coun	try	Belgiu	ım
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been f	filed for	this unsig	ned inv	rentor
Given Na	me (first and middle [if any])				Family N	lame or	Sumam	е	
Evert	<u>w.</u>			Hoefnagel						
inventor's Signature		Anchor	pt						ate	11/5/200
Residence: City	Beerse	State		c	ountry	Belgium	l	Citiz	enship	Dutch
Post Office Address	c/o Janssen Pharm	naceutic	a N.V.,	Turr	nhouts	seweg 30,	B-234	0 Beers	se, Be	lgium
Post Office Address										
City	Dordrecht	State			ZIP	3328	Co	untry	The N	etherlands
Name of Additio	nal Joint Inventor, if ar	ıy:			A petitio	on has been	filed for	this unsi	gned inv	ventor
Given Na	me (first and middle [if any])		Family Name or Sumame						
inventor's Signature									Date	
Residence: City		State			Country			Citiz	tenship	
Post Office Address										
Post Office Address	ļ					<u> </u>	Т			
City		State			ZiP			Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.